

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/538 708**

FILING DATE

APPLICANT(S)

7-6-05 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				1
3	1		1		1	
4	1		1		1	
5	4		1		1	
6	2		1		1	
7	8		1		1	
8	8		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18			1		1	
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TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.	←	19	←	18	←	
TOTAL CLAIMS		20		19		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						